

Antisocial personalities

Measuring prevalence among offenders in South Africa

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The identification of offenders who meet the criteria for psychopathy, antisocial personality disorder or dissocial personality disorder could be of significant value to help address the violent crime crisis in South Africa. A sample of 500 male maximum security offenders was selected to determine the prevalence of these disorders among South African offenders. Results for the incidence of psychopathy and dissocial personality disorder indicate a similar trend to that found in other countries; whereas the prevalence of antisocial personality disorder contradicts international findings.

In 2010 the South African Police Service (SAPS) reported a slight decrease in most crime categories from previous years. However, it is disquieting that over 70% of all offenders are currently incarcerated because of violent crimes.¹

The social factors related to violent crime have been identified as poverty-related variables, urbanisation and the influx of illegal immigrants, as well as a lack of policing and economic inequality.² South Africans have also been criticised for adopting a 'culture of violence', implying the acceptance of violence in conflict resolution and everyday life.³ Despite social factors that contribute to the incidence of crime, there is little research regarding intrapersonal factors (such as personality characteristics) that could contribute to violent crime.

The identification of a distinct criminal personality type has been fraught with methodological problems and complexities associated with personality formation. However, several studies have determined a significant link between violent crime and antisocial personalities, including psychopathy, antisocial personality disorder (ASPD) and dissocial personality disorder (DPD).⁴ Studies have also shown that offenders who meet psychopathic or ASPD criteria have greater criminogenic needs, commit more violent crimes, and tend to recidivate more than non-psychopathic offenders.⁵ Regrettably, disagreements surrounding the classification of the antisocial personalities have hindered the identification of individuals who meet the diagnostic criteria of an antisocial personality. As a result the possibility of an antisocial personality disorder is not taken into account when planning and implementing treatment and rehabilitation strategies.

For this reason, the present study focuses on differentiating between the various antisocial personalities in order to determine their prevalence in a South African offender sample.

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ANTISOCIAL PERSONALITIES

Since the early 1800s, the various antisocial personalities have been referred to as madness without distinguishing between psychotic features: moral insanity, psychopathy, sociopathy, antisocial personality disorder and dissocial personality disorder.⁶ The concept of psychopathy evolved from earlier descriptions of the disorder and finally expanded into a modern clinical portrait with a set of characteristics associated with the psychopathic personality.⁷ Among others, the characteristics included superficial charm, intelligence and unreliability, a lack of remorse, antisocial behaviour, pathological egocentricity, and impersonal sexual relations.

The American Psychiatric Association (APA)'s *Diagnostic and Statistical Manual of Mental Disorders* (DSM) incorporated Cleckley's characteristics into their formulation of diagnostic criteria for antisocial reaction, one of six personality disturbances under the broader sociopathic personality disorder.⁸ In a failed attempt to minimise confusion among clinicians and to promote the effective communication of mental disorders, the APA replaced the term 'sociopathic personality disorder' with ASPD in the third publication of the DSM.⁹

While *personality traits* played a central role in the original construct of psychopathy, the diagnostic criteria for ASPD focus more on the *behaviours* that typify the disorder.¹⁰ According to the most recent APA guidelines, the DSM-IV-TR, ASPD can only be diagnosed when the individual is 18 years old and has a proven history of conduct disorder before the age of 15. Other prerequisites include the presence of three or more of the following criteria: a disregard for social norms and the safety of others, deceitfulness, impulsivity, aggressiveness, irresponsibility, and a lack of remorse.¹¹ The APA also stipulates the manifestation of these criteria in behavioural terms. The reasoning behind moving away from the original personality-focused criteria was that behaviour, unlike personality traits, can, arguably, be more reliably measured.¹² In response to the adaptation, Hare contends that ASPD fails to

assess the interpersonal factors that maintain antisocial behaviour. Widiger, Frances and Trull,¹³ in agreement with Hare, argue that a specific personality trait may cause a variety of behaviours and that a specific behaviour could reflect more than one personality trait. Basing his study on Cleckley's original personality-based criteria for psychopathy, Robert Hare set out to discriminate between ASPD and psychopathy. He developed a set of measurable criteria, the Hare Psychopathy Checklist (PCL),¹⁴ to assess the extent to which psychopathic traits are present in certain individuals. Studies have found that only 15% to 38% of individuals who are diagnosed with ASPD meet the revised version of the PCL criteria for psychopathy, while around 80% to 90% of psychopathic offenders also meet the ASPD criteria.¹⁵

Adding to the confusion surrounding the diagnosis of psychopathy and ASPD, the 10th edition of the World Health Organisation's *International Classification of Diseases* (ICD-10), uses the term 'dissocial personality disorder' to conceptualise a set of symptoms also based on psychopathic personality traits. In contrast with ASPD, the diagnostic criteria for DPD focus more on the traditional concept of psychopathy, but emphasise *the lack of affect or expressed emotion* rather than the presence of specific personality traits or behaviours.¹⁶ Unlike psychopathy, which has been the most researched of the antisocial personalities by far, very few studies have focused exclusively on DPD.

Despite overlapping concepts, it is clear that the criteria for psychopathy, ASPD and DPD emphasise the presence or absence of different characteristics, thereby encouraging the notion of three distinct, but related, disorders.

METHODOLOGY

Participants and procedure

Permission for the current study was granted by two ethics committees representing the Department of Psychology and the Faculty of the Humanities at the University of the Free State. Furthermore, an independent review of this research proposal was

conducted by the Department of Correctional Services. A non-experimental quantitative research approach was employed to acquire data at Mangaung Correctional Centre (MCC), a maximum security correctional facility located near Bloemfontein, housing approximately 3 000 male offenders. A randomised sample of 500 offenders representing various ethnicities and types of crime was selected through the MCC database. The selected offenders were asked to sign a consent form, thereby agreeing to take part in the study and granting permission for the use of the information.

Measures

Along with a biographical questionnaire, the following self-report measures were used in this study:

- 1) *The Psychopathic Personality Inventory – Revised* (PPI-R).¹⁷ The PPI-R is a self-report inventory designed to identify a continuum of psychopathic traits and attitudes. It consists of 154 items and eight content scales: Machiavellian Egocentricity (ME), Rebellious Nonconformity (RN), Blame Externalisation (BE), Carefree Nonplanfulness (CN), Social Influence (SOI), Fearlessness (F), Stress Immunity (STI), and Coldheartedness (C). It also consists of four validity scales, including Deviant Responding (DR), Virtuous Responding (VR), and two Inconsistent Responding (IR-15; IR-40) scales. The DR and VR scales are used to identify faking bad and faking good responses respectively, whereas the IR scales eliminate careless or random responses.¹⁸
- 2) To measure antisocial and dissocial personality disorders *The DSM-IV and ICD-10 Personality Questionnaire* (DIP-Q)¹⁹ was used. The DIP-Q is derived from the ICD-10 and DSM-IV classification of mental disorders. Preliminary validation of the relevant DIP-Q subscales did not render sufficient reliability coefficients for either the DPD or the ASPD subscales.²⁰ However, findings from a pilot study in the present project did deliver sufficient reliability scores,

with alpha coefficients of 0,81 and 0,63 for the ASPD and DPD subscales respectively.

No studies administering the PPI-R or DIP-Q in South African samples could be found to corroborate the mentioned psychometric properties.

Administration of questionnaires

The Mangaung Correctional Centre houses offenders from a variety of different cultures and ethnicities. Administering the measures raised challenges such as language and comprehension difficulties. Translators were employed to assist with the correct interpretation of the questions as well as to explain the use of English jargon contextually. Ten translators, including the researcher, assisted with the paper and pencil administration of the instruments. In some cases participants were illiterate and responded to the questions verbally. Participants were divided into small groups (one to five) and were allocated a translator who spoke the same language as the group. Each translator then translated item by item while those in the group marked the relevant answers.

Statistical analysis

SAS Version 9.1.3 and SPSS Version 18 were employed to analyse the data. Recent taxometric analyses report that both antisocial personality disorder and psychopathy are more dimensional in nature than categorical, and should therefore rather be measured on a continuum.²¹ The DIP-Q, however, only allows for categorical responses; thus the results for the prevalence of ASPD and DPD traits will mainly be portrayed as such. On the other hand, the PPI-R allows for the dimensionality of psychopathy to be incorporated. The participants' total PPI-R scores were divided into four groups representing scores ranging from 60-69 (low psychopathy), 70-79 (moderate psychopathy), ≥80 (high psychopathy), and non-psychopaths.

RESULTS AND DISCUSSION

Table 1 presents the sample's demographic characteristics. Most participants were aged

Table 1: Demographic characteristics

Characteristic	Total sample (N=442)	%
Age		(N=439)
18-35	174	40
36-55	251	57
56+	14	3
Language		(N=439)
Sesotho	152	35
Afrikaans	124	28
Xhosa	66	15
Tswana	50	11
Zulu	31	7
English	11	3
Northern Sotho	5	1
Education		(N=429)
None	28	7
Some primary	195	45
Some secondary	170	40
Tertiary	36	8
Current crime classification		(N=431)
Violent/aggressive	198	46
Sexual	129	30
Economic	104	24
Length of sentence		(N=411)
Less than 10 years	19	5
11-40 years	294	71
More than 40 years	17	4
Life	81	20

between 36 and 55 years and Sesotho was the most spoken home language. The various crimes were grouped into violent, sexual and economic offences. Sexual crimes are often included in the violent crime category; however, the high rate of sexual crimes in South Africa deserves individual attention. For this reason sexual crimes, including violent crimes of a sexual nature, and violent crimes unrelated to sex are portrayed as separate categories. Violent crimes represented almost half of the sample, while sexual and economic crimes represented almost a third and a quarter of the sample respectively. Most of the participants are serving 11 to 40 year sentences, with 20% serving life sentences, and less than 10% serving either more than 40 years or less than 10 years.

Psychopathic traits

The reliability of the PPI-R in the current study indicated internal consistency estimates for the

original content scales that ranged from 0,52 to 0,73. After conducting exploratory and confirmatory factor analyses, several items producing low factor loadings were omitted to increase the instrument's psychometric properties. The alpha coefficients after omission of the items indicated a moderate increase in reliability (0,60 to 0,75). Table 2 discloses the prevalence of antisocial personalities in the current sample.

The total percentage of offenders who met the criteria for psychopathy represented 27% of the sample. This figure is similar to other reports of psychopathic traits among offenders, which fluctuate from 15% to 25% in American samples. British samples, on the other hand, reveal a much lower account of psychopathy.²² Reasons for the dissimilarity in psychopathy scores could be cultural differences and the possibility of co-morbid disorders. It should also be noted that the majority of psychopathy studies do not include the PPI-R, which increases the possible influence methodological differences could have on the reported prevalence of psychopathy. The probability of malingering should also be taken into account.

ASPD traits

Similar to the results of the pilot study, the ASPD subscale showed good internal consistency ($\alpha=0,84$), while the DPD subscale indicated a lower score ($\alpha=0,65$). The prevalence of ASPD in this sample represented 17% (Table 2). This finding is inconsistently low when compared to other studies where ASPD represented between

Table 2: Prevalence of antisocial personalities

	Total	% of total N
Psychopathy:		
Total	114	27%
Low psychopathy (60-69)	25	6%
Moderate psychopathy (70-79)	58	14%
High psychopathy (≥ 80)	31	7%
Antisocial personality disorder	77	17%
Dissocial personality disorder	185	38%

N = 442

N = 414 (PPI-R psychopathy)

38% and 49% of the offender population.²³ Estimations of the prevalence of ASPD among offender populations are as high as 80%.²⁴ However, another South African study similar to this research indicates a prevalence of ASPD of only 12% among an unsentenced offender sample.²⁵ The prerequisite of conduct disorder in the diagnosis of ASPD could influence the low prevalence of the disorder among offenders in South Africa. Most South African cultures still advocate a collectivistic way of living, with extended families and community engagement central to children's upbringing. Children are not necessarily involved in antisocial behaviour from a young age, but poverty-related issues, unemployment, and the effects of HIV/AIDS might influence future antisocial behaviour and increase the allure of crime.

DPD traits

The number of participants meeting the criteria for DPD represented 42% of the total sample (Table 2). Although slightly higher, this finding seems to confirm other reports of DPD, ranging from 20% to 40% in offender samples.²⁶ Smal and Louw²⁷ reported a much lower incidence (5%) of DPD among an unsentenced offender sample in South Africa. The discrepancy in prevalence of DPD could be attributed to the lack of a culture-specific standardised measure to assess traits related to DPD, as well as the lack of sufficient research studies to compare results. In addition, the relatively low reliability of the DIP-Q's DPD subscale could impact on the results of the current study.

CONCLUSION

This study aimed to contribute to the ongoing battle against crime in South Africa by refocusing attention beyond the known social factors that contribute to criminal and antisocial behaviour. The main findings indicate a similar prevalence of traits associated with psychopathy and dissocial personality disorder to those found in international studies. Together with reaffirming the dimensionality of psychopathy, this finding also supports the notion of differing cross-

cultural expressions of antisocial traits. However, additional research on the topic is needed. The significantly lower prevalence of antisocial personality disorder also emphasises the need for additional research concerning cultural influences on the manifestation of mental disorders.

However, this study is not without limitations. Comprehension and language differences were evident throughout the study. Even though the use of translators aided with the interpretation of the measures, differences in comprehension in terms of the context were still evident. The lack of comprehension of certain concepts could also affect the reliability of the measure. In addition, the measuring instruments used to identify ASPD and DPD criteria did not allow for the dimensional nature of these disorders.

Against this background it is recommended that the exploration of antisocial personalities in the South African context be extended to include other vulnerable populations, including female offenders, youth offenders, as well as the community in general.



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NOTES

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